Voices from Bangkok to Mexico

Reflections

by participants in the Bangkok Conference 2000 on health research for development

COHRED

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on health research for development

COHRED, November 2004

Contents

Note about the production of this publication

For the production of this publication the plenary speakers at the Bangkok Conference 2000 were approached. These included keynote speakers, speakers from the convening agencies, presenters of consultations and analyses, panellists and people who contributed their views on the last day of the Conference in the so-called 'three-minute' contributions. Thus, altogether 57 persons were invited to contribute their comments and reflect upon expectations and outcomes of the Bangkok Conference 2000, on post-Bangkok developments, on expectations of the Mexico Ministerial Summit and Forum 8 in 2004, as well as the challenges in health research for development for the next decade. Out of the 37 persons who responded, 5 contributed their comments in a telephone interview and 25 in writing. After an editing process, the final versions, as they appear in the "Voices from Bangkok" section of this document, were approved by the respective contributor.

Acknowledgements

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Acronyms and Abbreviations

AfHRF	African Health Research Forum
APHRF	Asian Pacific Health Research Forum
Bangkok Conference 2000	International Conference on Health Research for Development, Bangkok, October 2000
CDC	Centres for Disease Control (USA)
COHRED	Council on Health Research for Development
Commission/ 1990 Commission	Commission on Health Research for Development
EMRO	WHO Regional Office for the Eastern Mediterranean
ENHR	Essential National Health Research
EU	European Union
GAVI	The Global Alliance for Vaccines & Immunization
ICDDR,B	Centre for Health and Population Research, Bangladesh
INCLEN	International Clinical Epidemiology Network, INCLEN Trust
MDGs	Millennium Development Goals
NEPAD	The New Partnership for Africa's Development
NGO	Non Governmental Organisation
NIH	U.S. National Institutes of Health
SEARO	WHO Regional Office for South-East Asia
TRIPS	Trade Related Aspects on Intellectual Property Rights
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNICEF	United Nations Children's Fund
WHO	World Health Organization

1. Introduction

The focus on, and advocacy for, health research as a tool for development is relatively recent. It started with the publication of the report of the Commission on Health Research for Development (1990) that highlighted the gross disparities in global health needs and global health research spending, what is now called the '10/90 gap'. The Commission recommended that all countries should undertake *essential national health research* (ENHR). The Commissions' recommendations led to the creation of COHRED in 1993. During its first decade of operations, COHRED focused on advocating for ENHR, including health research priority setting in the south, and for building national health research systems to enable countries to rationalise decision-making in research spending and to dialogue with northern research partners.

Over the same period, several well-known major policy changes took place globally in the field of health and development. The World Bank's 1993 World Development Report provided a first and convincing argument for investing in health as a tool for, rather than a cost to, development. Subsequently, the WHO set up an Ad Hoc Committee on Health Research Relating to Future Intervention Options (1994) to address priorities for health research and development. This ultimately resulted in the formation of the Global Forum for Health Research to address the disparities in global health research funding and to optimise the impact of the benefits of health research.

The International Conference on Health Research for Development (Bangkok, 2000), was convened by COHRED, the Global Forum for Health Research, WHO and the World Bank. It provided the first opportunity to review progress made in strengthening health research since the Commission's report (1990) as well as an occasion to devise action plans for the next decade.

Bangkok 2000 was widely acclaimed as a significant milestone in the advance of health research for development. The Conference of more than 800 participants from all over the globe succeeded in identifying the major areas of progress in global health research for development, and in reaffirming health as a basic right. Health research was recognised as a vital ingredient of the promotion of global health equity, and agreement was reached on a series of national, regional and global actions to accelerate progress in health research for development.

But the achievements of this three-day pivotal meeting were more than just an agreement on a roadmap for the future. In the months leading up to the conference, consensus on a set of values on which to base the revitalisation of health research for development had been built between a wide range of global players in the field. These values, which include equity, ethics, ownership and inclusivity, the right to self-determination, solidarity, empowerment, partnership and accountability, were also applied to the processes governing the meeting. In the preparations for Bangkok, consultations were held in different regions, with a diversity of health research system actors, and these meetings addressed a broad spectrum of issues related to health research for development. The consultations were specially focused on identifying the challenges for health research in the poorest regions of the world, and on hearing the voices of those whose opinions are not generally heard - or taken seriously - in the global debates on health research. The design of the conference itself also courted the theme of listening to a medley of different voices through small-group discussions, and by encouraging a wide participation in the plenary sessions - both from the platform, and from the floor.

Four years after Bangkok, we are steadfast in the belief that the values laid down through that process are still valid and crucial for the success of achieving health equity through equitable health research systems. Listening to the voices of a wide range of actors on issues related to health research for development is a vital step towards ensuring ownership and empowerment and to guaranteeing that the strategies and support provided are both relevant and effective.

This publication aims to provide a modest platform in pursuit of this belief. By listening to the voices of some of the Bangkok conference participants, four years after that landmark event, we hope to be able to contribute to the discussions that will take place in Mexico. The process involved approaching the plenary speakers at the Bangkok conference 2000: key note speakers, speakers from the convening agencies, presenters of consultations and analyses, panellists, and people who contributed their views on the last day of the Conference in the so-called 'three-minute' contributions. They were asked to reflect upon their expectations prior to Bangkok, what they feel has, or has not, happened since Bangkok, and what they expect of Mexico and beyond - their vision for global health research for the next decade. The result is a wide range of opinions, from a wide variety of actors in health research for development, expressing many

perceptions and ideas that we believe make a very useful contribution to discussions on the future of health research for development.

We would like to thank all those who have contributed. Our hope is that this publication will stimulate further debate on how best to achieve health, equity and development through health research. The Bangkok Conference and its preparatory work took place in a spirit of inclusivity, an operating principle which I, as rapporteur of the Bangkok Conference, strongly supported. This document represents an attempt to keep this spirit alive.

Marian Jacobs
Rapporteur of the Bangkok Conference 2000

2. Voices From Bangkok

Dr. Mohamed Said Abdullah
Kenya

Expectations of the Bangkok Conference 2000

The Conference was a historic meeting for us in Africa and was intended to signal a major paradigm shift regarding the way research is viewed for health services delivery and health development in general. The preparatory phase and the excitement preceding the meeting raised high expectations for Africa. The arrangement, which gave the third world an opportunity to play a prominent role in reflections on the past and inputs to the future, was particularly appealing. For example on 9 October 2000, COHRED convened a Constituents' Meeting, which was an expression of all inclusiveness, and the Bangkok Conference itself was a global assembly of thought and expression. We all knew that the status quo in health research was not satisfactory and that change was needed in the way we looked at health research as a tool for health development. We joined the collective forces of the world and went to Bangkok to:

- Review the past and draw lessons for the future;
- Increase the visibility and the voice of the third world in matters of health research;
- Increase south's sensitivity towards the importance of research in health development and to hopefully convince the African health authorities of the importance of health research;
- Increase the north's sensitivity towards better modes of cooperation with the south; and
- Agree on a common strategy for the coming years; and to agree on a framework for improved international cooperation in health research.

Sub-Saharan Africa is the only region in the world where people are worse off now than they were 20 years ago. This is the biggest challenge of today.

Four leading partners in health research joined forces for the first time to draw up a common agenda, to orient stakeholders towards a new vision, a responsive agenda and an action plan, which would translate health research into policies and practices to improve health and the quality of life in developing countries. The partners held divergent views on how global health research should be conducted but the conference provided a forum for all constituents to endorse the agreed action plan in support of a truly global partnership serving a rapidly changing world. The meeting agreed on the following:

- A strong ethical basis for the design, conduct and use of research for health development;
- Inclusion of a gender perspective in all dimensions of health research;
- Research knowledge should be available and accessible, particularly to those in the south who need it most;
- A recognition that research shall be inclusive, and will involve all partnerships at national, regional and international levels;
- An effective, consensual global governance system, that will be fair to the north and the south alike;
- A revitalised effort to generate new knowledge related to health problems of the world's disadvantaged people living in the south; and
- Use of high quality and relevant evidence in decision-making.

The conference agreed in its Action Plan to:

- Improve the production, use and management of knowledge;
- Ensure continued capacity building and retention in the south;
- Improve governance of health research at all levels;
- Improve funding and financing mechanisms for health research, particularly for the south; and
- Build an international coalition for health research for development, which will guide the process and meet more often and more regularly than once in ten years.

Post-Bangkok developments

There have been two major developments since Bangkok that have influenced the natural course of events. One is a structural phenomenon and the other a functional outcome. The first structural change is the emergence of NEPAD as a new political force in Africa, which will shape not only the economic scenario but the health scenario as well. The second is the changes in WHO leadership globally and regionally in Africa, as well as the change of COHRED leadership, and that of the Global Forum for Health Research.

The changes have seen a shift in approach towards health development, as well as the strategic alliances globally. There is also a shift in emphasis on health

research. Africa is studying the situation and aligning itself as best it can for the anticipated changes.

The expected effective, cohesive and all embracing global research system has in fact not materialised. If anything the four major partners have further entrenched their territorial advantage. This is not necessarily a negative effect, because each of the four approaches of these organisations has its own advantages and disadvantages and we probably need a loosely-knit global forum where all the major players can share their experiences on an equal footing. The global convergence should become a regular meeting. On the other hand at the regional level, a number of countries in Africa have initiated mechanisms to strengthen their national research systems in the hope that this will fit in the anticipated global structure. Not much else has moved in terms of the other Action Plans agreed upon in Bangkok

Expectations of the Mexico events in November 2004 and beyond

The various stakeholders will look critically at their various areas of interest and, thus, a discussion is expected on disease burdens, profiles and a number of interventions. There is likely to be a discussion on the impact of interventions in MDGs.

The expectations of the scientists, researchers and health authorities of the south, however, are to create mechanisms to improve the existing national and global health research systems and their ability to deliver, by improving the capacities and competence of these systems. They also expect to have a closer look at the reasons why current efforts have not yet achieved the expected targets, and to suggest ways of solving the issues. Sub-Saharan Africa is the only region in the world where people are worse off now than they were 20 years ago, according to UNDP. This is the biggest challenge today.

Forums such as the Mexico meeting are excellent opportunities for us to discuss effective ways forward. We seem to know the problems and this is halfway to solving them. We need a genuine effort to address the current problems without the usual territorial biases and agree on an effective plan of action.

Dr. Tasleem Akhtar
Pakistan

My expectation of the Bangkok Conference 2000 was that, to boost health research in developing countries, there would be a really critical evaluation of the impact of the global effort, in response to the 1990 report of the Commission on Health Research for Development and the 1996 Report of the WHO Ad Hoc Committee on Health Research Relating to Future Intervention Options. I was hoping that there would be a really informed discussion of the issues responsible for the flagging research effort in the developing countries and the emergence of certain innovative solutions. All the messages of the Bangkok Declaration were important and we have been endeavouring to advocate and implement them in Pakistan.

The real challenge is the development of health research capacity at both the national and regional levels.

The most important post-Bangkok development in the Eastern Mediterranean region is the increase in the effort to promote health research in the countries of the region. Immediately following the conference, WHO's EMRO provided funding for the Mapping of Health Research Resources in five countries. Many health research meetings have been held and a bi-regional meeting was organised by EMRO and SEARO on establishing Health Research Collaboration.

In Pakistan we have completed the Health Research Mapping study sponsored by EMRO. Seminars on health research priorities and the health research system have been organised. We have established a National Bioethics Committee and are finalising its terms of reference. The next task will be developing guidelines for an Ethics Review. The Pakistan Medical Research Council is being restructured, re-organised and strengthened to effectively take on the responsibility of stewardship of the health research system in the country.

My expectation from the Mexico events is the same as from Bangkok. The real challenge is the development of health research capacity at both the national and regional levels. The health research human resource issue, although recognised, is not receiving the attention it deserves as the core problem responsible for the continuing poor showing of developing countries in the area of health research. Unless the developed world shows a real and sincere interest in helping developing countries to introduce and establish programmes of international standard for health research capacity building, making funds available to support research projects will not make much of a difference, since these are not likely to be utilised optimally.

Dr. Florence Baingana
USA

My expectations of the Bangkok Conference 2000 were of seeing it as an opportunity to bring together the various stakeholders that influence global health research; to bring together the information garnered from the regional consultations; to review the past successes and challenges to health research; to identify any gaps, and formulate a strategy for closing them. All participants would then leave the conference having made commitments to implement the strategy. This would be of particular relevance to mental health, where the burden is now recognised, but where there remains a dire need for mental health research that would provide the evidence for policy.

Mental and neurological disorders research is still very marginal.

From my perspective, the most important conference outcomes and messages were the unanimous agreement reached that there should be an initiative on mental and neurological health, involving international donors and agencies, governments, private industry, NGOs, professional organisations, consumers and their families. It was especially rewarding to see that for each issue in the Bangkok Action Plan, specific actions are mentioned for the national level, the regional level and the global level.

From my perspective, post-Bangkok developments have been both positive and negative. On the positive side, national and regional research networks have been formed and they have mobilised resources for health research. The negative is that mental health research has often not been included in the research priorities identified and funded. This could have been due to mental health researchers' lack of knowledge about the availability of these funds, and their limited capacity to prepare research grant proposals, or mental health and neurological disorders just not being prioritised for research.

At the global level, the challenge has been to mobilise the resources to set up an all-inclusive mental and neurological disorders research network. Meetings on various mental health and neurological disorders research have been held by different stakeholders but they have not yet come together to prioritise such research at the global level. Thus, mental and neurological disorders research is still very marginal.

Expectations for the Mexico events in November are that a commitment to mental and neurological health will go beyond goodwill in an action plan and will actually be followed up with funding support. It would be crucial to identify specific actions to be taken, as well as indicators for measuring progress. Opportunities for research on mental and neurological disorders for the next decade include the availability of increasing evidence that has been gathered, especially for the costs and effectiveness of interventions. Challenges will still be how to move from research into policy and action within countries and at the global level, in order to ensure to policy and programming for mental and neurological disorders.

Prof. Barry Bloom
USA

What impressed me most about the Bangkok Conference in 2000 was that it was the first time so many scientists and officials from both the south and the north (with 7-1 in favour of the south) had been brought together to communicate about health and health research. It made a difference to hear the aspirations of so many researchers and leaders from developing countries and not just the views of people from the north recommending what they think should be done for the rest of the world. Even if the positions sometimes were highly polemical and sometimes oversimplified, the point was that there was communication and opportunity for participants to express their honest views and values.

There is a lack of international efforts to create institutions that plan, analyse and evaluate the health care systems that we need.

One of the memorable things for me was the tremendous interest and need to secure intellectual property rights expressed by Asian participants and the equally passionate perception of African colleagues that intellectual property rights were depriving them of the best of medicines. Another useful and constructive dialogue - on relevance and relativism in ethical standards between the north and the south in biomedical research - took place in a meeting on bioethics, which was linked to the Conference.

Bangkok called for attention to the development and strengthening of national, regional and global health research systems. To me 'health systems' has been an interesting concept, which implies the need to deal with health infrastructure as a single system - not only fixing one piece or controlling one disease at a time. But with all respect it is also a trendy catch phrase, which means different things to different people. What I felt was

referred to in the context of systems, was institutions critical for education and for the delivery of care. I defended WHO as an institution that we need, in spite of many flaws and the fact that it was not perceived, at that time, to be doing a lot of work in research. I also suggested that WHO would benefit from competition and constructive criticism, e.g. from organisations like the Global Forum for Health Research, to maintain its efficiency in getting things done. What I thought was under-discussed in Bangkok and what I feel strongly about now as the head of an institution, is the lack of international efforts to create institutions that plan, analyse and evaluate the health care systems that we need. There is evidence that about one third to half of the economic miracle in Asia could be explained by child survival, keeping children from dying and educating them to become productive. I do not know of any funding agencies spending money on the creation of educational institutions at present. One could wring one's hands about the lack of health infrastructure in Africa to deliver AIDS drugs for instance. But where is it to come from?

There has been money for research projects in developing countries but not for financing institutions and paying for the researchers to devote most of their time to research.

I strongly believe that we cannot expect research to be done by people who are caring for patients 12 hours a day in desperate circumstances or have to make a living seeing private patients. We need institutions to train people and to carry out research and evaluation. There has been money for research projects in developing countries but not for financing institutions and paying for the researchers to devote most of their time to research. This calls for renewed attention to the need for north-south and south-south collaboration as a basis for an effective health research system. It is very hard to recreate health metrics in a country like Burkina Faso all by yourself. It is very much easier to be part of an African or international network, where a lot of the groundwork has been done elsewhere, enabling people to do their own surveys and provide information on their own countries. This is not paid for or organised by anyone.

One post-Bangkok development is the growing awareness of the need for private/public partnerships, both within and between countries, for what the public sector is either under-funded to do or politically and bureaucratically incapable of moving in a realistic time frame. In my perception these would make a great difference in targeted areas such as vaccine development. One would like to see more of this, for example in countries like China and India, where there is a great deal of private wealth. Although the situation in Africa is different, there may also be opportunities to engage the private sector.

The brain drain continues to be of serious concern. I believe that, in particular, many African countries are in a crisis with potentially decimated structures, by not having local conditions adequate for training, and by the diversion of people with training to foreign sponsored programmes that pay well, at the moment heavily focused on the AIDS emergency, as well as to Europe and the Middle East. Putting up immigration barriers would be diminishing chances for individuals to choose a better life. But maybe there should now be some payback from western countries to the institutions in developing countries that provided them with so many trained professionals so that these institutions could continue and extend their training in order to reach a more realistic steady state to also cover the local needs. In most developing countries there really are infrastructure and capacity shortages, and I do not see anyone honestly addressing this problem.

Recent outbreaks of infectious diseases, the SARS epidemic and the menace of bird flu in Asia, the Anthrax cases in the USA and the whole issue of biological terrorism has led to a heightened awareness of the vulnerability to emerging infections all over the world. This has also resulted in an increased awareness of the need for analytical capability and for the research required in epidemiological modelling and prediction, be it in China with regard to SARS or in Africa in relation to HIV/AIDS or polio. The interconnectivity in these global health risks calls for global cooperation.

Another important development, that has mainly taken place post-Bangkok, is the rejection of the simplistic notion that if a country gets its macroeconomics right, health will follow. That health is not just a consequence but also a major determinant of development is now accepted by economists, who previously basically ignored it. And it is encouraging that a new generation of economists in the north, and I guess also in the south, are looking at issues of health systems.

I wish I were more optimistic about the MDGs, although they will feature prominently in the Mexico conferences. I would hope that a major thrust of the conferences would be for everybody to recognise the limitations in capacity for every aspect of health care and in particular for analytical research on, for instance, how to get drugs and vaccines to people and how to account for them. Issues of biomedical research, that provides tools for dealing with diseases, are not dealt with in any systematic way. And I hope that attention will be paid to what I feel is an important factor: the

need to strengthen institutions. This should not be done through blanket grants; countries and institutions should be encouraged to develop their own proposals on how to create a more effective workforce in public health and public health research as well as economics. There is also a need to create capability to monitor and predict what is going on in countries to avoid that kind of problem, which was recently faced in West Africa regarding cooperation in polio vaccination programmes. Most countries are not going to afford this and will need the help of global research networks and support from international agencies. A final thought: it is quite striking recently that a fair number of universities are developing global health programmes for undergraduate students, not just for experts. And what I would like to come out of Mexico is the recognition of this as a legitimate subject, i.e. to train people to think of health systems in multi-disciplinary or trans-disciplinary ways, which is what is required when problems are large and resources scarce as in Global Health.

Prof. Boungnong Boupha
Laos

My expectations of the Bangkok Conference 2000 were primarily the promotion and advocacy of the need to revitalise health research among policy-makers, senior managers, international donors, and researchers at the global, regional and national levels. Thus, I welcomed the positive reaction of these constituencies to support and actively participate in health research, intellectually, operationally and financially, and thus to bridge the turnover gap. It is also important that the national communities realise the usefulness of research for their health benefits and become partners in research activities. I think that the Bangkok Declaration on Health Research for Development was an important outcome, which can serve as a guideline for all levels, global, regional and national, in developing and adjusting their research plans.

Donor communities should be aligned with the highest priority needs of recipient countries

From my perspective, an important post-Bangkok development has been the growing national and international partnerships to further strengthen the health research systems at country level, with due respect for national ownership. Donor communities should also be aligned with the highest priority needs of recipient countries.

My expectations of the Mexico events in November 2004 are that they will serve to make the top policy-makers, at the global, regional and national levels, responsive to the values of health research for equity in health care, for social justice and for sustainable development, thereby contributing to poverty reduction and the step by step improvement of the quality of life. In addition, I expect to see an increase in the global funding for health research to support health research activities for development in the least developed world. These are important challenges for the next decade of health research. The values it upholds and the evidence it will offer should persuade policy-makers to reaffirm their commitments to health research for development.

Dr. Richard Cash
USA

Expectations and outcomes of Bangkok Conference2000

I expected a strong commitment to support research in developing countries, especially from local scientists, and the commitment was surely there. I emphasised the word 'respect' in my presentation as I believed that it had to be the watchword of any agenda for defining research priorities, training in advanced technologies, data analysis, publication, and establishing ethical guidelines. These messages were part of the documents that were produced at the Bangkok meeting and have led to some improvements in the field.

Research careers in developing countries must be further developed rather than just attracting the best researchers to work in developed country institutions.

Important post-Bangkok developments

There has been a significant movement towards local capacity building. In the area of research ethics, for example, there has been funding from the NIH and more recently from the Wellcome Foundation to support fellowship programs, workshops, and research in this area. This has led to a greater awareness and understanding on the part of researchers in both developing and developed countries of the issues and problems of research ethics. It has also highlighted yet another disparity in the availability of resources. Whereas developed country institutions may have budgets in the millions of dollars to support ethical review of research proposals, few, if any, developing country institutions have any financial support.

This again demonstrates that far more support should be given to develop institutional capacity (and, by inference, the capacity of individual researchers). It is gratifying to note that the necessity of training and technology transfer has been increasingly defined as the most ethical approach to conducting collaborative research between countries. Research careers in developing countries must be further developed rather than just attracting the best researchers to work in developed country institutions. Support could come in the form of better salaries or other benefits, such as education allowances and travel to international meetings. How to further develop institutions and individual careers remains one of the biggest challenges for the Mexico conference.

More attention must be given to the research priorities of developing countries, which may not always fit the wishes of the donors, but remain critical to answering their own questions.

More support should also be given for south-south collaboration in research and the sharing of faculty in training institutions. Lastly, more attention must be given to the research priorities of developing countries, which may not always fit the wishes of the donors, but remain critical to answering their own questions.

Dr. Puangtip Chaiphibalsarisdi Thailand

From my personal horizon, I am pleased to report that I, as a consequence of the Bangkok Conference 2000, participated with staff of the Ministry of Public Health in the training of researchers for HIV/AIDS. Moreover, working as the local rapporteur for the International AIDS Conference 2004 in Bangkok, I made good use of some of my experiences at the Bangkok Conference 2000.

Researchers from the developed countries will also learn the wisdom and local knowledge of the developing countries' researchers

My general comments are as follows:

- Since Bangkok the regional and national levels are developing appropriately and with flexibility depending upon the capacities of the institutes. What I would like to see is more action planning and implementation at the global level to assist the developing countries.
- From the lessons learned at the Bangkok Conference, I would also like to see more representative countries participating in Mexico. The mentor system between developed and developing countries is important and should be subject to further planning and strengthening in such a way that developing countries will be able to gradually learn scientific research from the acquired experience of the developed countries and that also the researchers from the developed countries will learn the wisdom and local knowledge of the developing countries' researchers. Thus, the world will reap the benefit of the totality of global knowledge in its health, socio-economic and ethical aspects.

Prof. Lincoln Chen USA

The 2004 Mexico Summit is timely and opportune - timely because our recognition of the importance of knowledge for health is higher than ever, and opportune because it offers a stimulus to achieve even greater ambitions. Four years earlier in Bangkok, we articulated certain aspirations - better health among poorer countries and communities, driven by:

- More and better research based in southern institutions, especially by southern scientists on southern problems;
- More and better funding by donors of the above;
- Stronger research institutions in the south; and
- Appropriate global reinforcement, for both ENHR as well as global research.

Governmental donors find funding research difficult because of their shorter-term time horizon and action-oriented imperative.

While the interest and capabilities of donor agencies in health research have improved significantly, donors are constrained by the low level of resources - for example, the US National Institute of Health has a budget that is three times the size of all of development assistance in health. Governmental donors also find funding research difficult because of their shorter-term time horizon and action-oriented imperative. Private foundations are not much better, although the recent entrance of Gates and Wellcome (with their large scale funding for biomedical research in search of technological breakthroughs in global health) has dramatically changed the landscape. Funding for

southern scientists in policy and operational research as components of 'essential national research' is still challenged. There has been, of course, a tremendous explosion of interest in HIV/AIDS with more funding as well as operational research.

Health research beyond the biological basis of disease is still in its infancy. Controlling the direct causation of disease is increasingly recognised as important research yields - e.g. cessation of smoking and disease. There is still a lack of consensus about the precise value of social, policy, and operational research. How does knowledge on 'health systems,' for example, actually translate into better health systems performance? Clearly one major challenge is how knowledge is translated through cultural, political, economic, and institutional intermediaries.

Many southern institutions are starved of financing, and the institutional environment for solid research requires political, economic, and managerial stability.

The key, of course, is research capacity, which has been shown to be related to overall development of societies. Northern institutions predominately undertake biomedical research, in part because of their high dependency on the financing of their domestic research funding agencies. Many southern institutions are starved of financing, and the institutional environment for solid research requires political, economic, and managerial stability.

At the Mexico Summit, I think it wise that we build upon Bangkok and work with sensitive health ministry leaders to energise global health constituencies and mobilise them to elevate health research for equity in development to the next higher level.

Prof. Vinod Diwan
Sweden

Expectations of the Bangkok Conference 2000

My expectations were that the participants and countries from the south would really be represented both in numbers as well as content and, furthermore, that the Conference would focus on research capacity building in the south, and less on the implementation of research findings. The reason being that when research capacity is limited and capacity is misdirected, whatever the research findings, they will be difficult to translate into action. These expectations were only partially met. I am not sure how much follow-up to the Conference was done and if this was based on the Bangkok Declaration. As usual, the Declaration contained aspects, which were not discussed at the conference, suggesting the organisers' agenda.

Expectations for the future

My expectation is that the governments and funding agencies in the south will earmark funds for research

The most important issue is that the capacity for quality research is lacking or severely limited in countries of the south. All those working in research know that the international funding agencies are funding research projects planned and developed by institutions in the northern countries and that the involvement (due to a lack of competence and capacity) of institutions in the south is only token. There are exceptions, but only a few. My expectations are that there will be more and competent researchers in the south who can successfully compete and collaborate with the institutions in the north for planning, acquiring research funds, and implementing research projects. Furthermore, that the governments and funding agencies in the south will earmark funds for research, both applied and basic; and that research will be considered a merit and not a liability for promotion and salary structure. I also expect that every country will have a legal basis for ethical clearance of research done in that country and that each institution will have a mandatory ethical committee for research evaluation.

Dr. Valerie Ehlers
South Africa

I consider that the most important challenges for the next decade of health research for development should focus on health issues that impact negatively on poor women's earning power.

My expectations, as well as the most important outcomes, of the Bangkok Conference 2000 were to learn about health care needs and priorities for research in different parts of the world. One suggestion for future conferences could be that researchers intending to conduct similar projects in different parts of the world should form small working groups and draft research proposals during the conference. Similar projects conducted simultaneously in different parts of the world might yield different views on improving people's health and enhancing their development. International collaboration should be maintained among the working

groups' members to provide feedback at the next conference.

I consider that the most important challenges for the next decade of health research for development should focus on health issues that impact negatively on poor women's earning power, hampering their abilities to care for their families, and preventing them from becoming economically independent people. Ways and means should be explored to assist poor grandmothers who care for their orphaned grandchildren and try to make a livelihood in their old age. The health and development needs, challenges and threats faced by child-headed households also deserve attention.

Prof. Mahmoud Fathalla
Egypt

The Bangkok Conference 2000 was an important landmark along the way to putting health research on the national, regional and international development agendas. It strengthened commitment and built a momentum. The process was as or more important than the outcome. It brought together diverse stakeholders in health research from the north and south to talk health, science and development, in an open democratic dialogue. The message was clear about the potential and necessity of health research to achieve health and development goals. The agreement was to continue the momentum.

Tapping the existing and expanding potential for health research in developing countries is an opportunity not to be missed.

The momentum has continued. The annual Global Forum for Health Research conferences are an example. WHO has continued to strengthen its commitment to health research, through the global and regional Advisory Committees on Health Research (ACHR), the planned World Report on knowledge for better health, and the planned Mexico Ministerial Summit. Several developing countries, mostly middle-income countries, have stepped in as important actors in the field of health research, and are making significant contributions. Tapping the existing and expanding potential for health research in developing countries is an opportunity not to be missed.

Intellectual property rights and the TRIPS agreement pose a new challenge for developing countries. Harnessing the private sector, with its vast and increasing resources, through public-private sector collaboration is still a challenge. I hope the outcome of the Mexico events will have some concrete 'deliverables'.

Dr. Julio Frenk
Mexico

Having played an active role in the planning and organisation of the Bangkok Conference 2000, I recall that we saw it basically as an opportunity to re-launch the idea of health research for development. Ten years had elapsed since the release of the landmark report of the Commission on Health Research for Development. There was a need to take stock of what had happened during that decade and use it as a platform to revive global interest in health research for development. Could we again create the excitement, the whole string of expectations and the momentum that the Commission had generated? Those were my hopes for the Conference.

During the 1990s a number of international initiatives emerged: COHRED, the Ad Hoc Committee on Health Research Relating to Future Intervention Options, the Global Forum for Health Research, the Alliance for Health Policy and Systems Research. Other major programmes, such as INCLEN, underwent transformation and other actors were coming onto the scene, such as NIH, with its growing interest in international health research, and the Bill & Melinda Gates Foundation. At the same time WHO itself had undergone a renewal process. As a knowledge-based organisation, it aimed at making the generation, dissemination and utilisation of scientifically derived evidence a central part of its mandate. Thus, there was a decade of new initiatives, transformation of pre-existing networks and large-scale organisational change of the main multilateral agencies. To use a metaphor: not only the shape of the puzzle but also the form of its pieces had changed and we needed to see how, by fitting them together, they would create a new image for promoting investments in health research for development. We needed more consideration of what the global architecture of health research was going to be. And we needed a venue where all the main actors, as well as the new ones, could come together and agree on the way forward.

Although I have not, in my present position, been able to take an active part in the follow-up to Bangkok 2000, my impressions are that it achieved its convening function very well, with broad participation of actors both from the national and international research communities. And it managed to create a collective thrust for health research as a key element in equitable

development. But the review of how we can move into new, effective mechanisms for coordination and partnerships at the global level, a new global architecture of health research for development, was not as profound as one would have liked it to be. I think this is an outstanding issue, which should be revisited.

The most important conceptual change on the global scene since Bangkok is the growing realisation of the centrality of health in development.

To me, the most important conceptual change on the global scene since Bangkok is the growing realisation of the centrality of health in development. Health is no longer seen as just a result, but as an essential determinant, of development. It is a key to achieve sustainable economic growth. The Commission on Macroeconomics and Health was instrumental in giving evidence for the two-way relationship between health and development. And as a result, WHO is seen as having a much more central role on the global development agenda. A turning point was also the UN international conference on financing development in Monterey, Mexico, in 2001, which I attended in my current capacity. I was amazed that it was not just the traditional defenders of health investments, like the Director General of WHO, the Executive Director of UNICEF and the UN Secretary General, but also the heads of major financial institutions like the World Bank, the International Monetary Fund and the World Trade Organisation, who expressed the view that health was a defining component and not just a by-product of development, an insight which was pioneered by the Commission 10 years earlier. This concept is now being translated into funding, by mechanisms like the Gates Foundation, GAVI and the Global Fund to Fight AIDS, Tuberculosis and Malaria, and it is of course fundamental to the internationally agreed MDGs.

Another important trend is the growing insight that knowledge is a key component of action for health. This message was also pioneered by the Commission in 1990 and now seems to be of central importance in the thinking of the major international actors. Thus, we have a causal chain: investment in knowledge will contribute to improved health, which in turn will enhance economic and social development.

And thus, it seems to me, we have a broader agenda. And I think that WHO and the Global Forum for Health Research were correct in making the role of research in the achievement of the MDGs the key theme of the Mexico Ministerial Summit and Forum 8. This agenda will provide a unifying framework for action by all the multilaterals and for defining detailed targets. I think that the task of the Mexico meetings is to analyse the missing and weak links in the 'causal chain' and examine how this ideal vision can be materialised. We need to spell out in a coherent framework how the scientific research systems, the health research systems, can contribute to the broader goals of the health system and how that in turn fits into the development goals. This exercise should not be merely rhetorical; it has to produce a sound, coherent framework that identifies unsolved key problems and an agenda for action.

The timing of the Mexico meetings is excellent and my country takes great pride in hosting them. I think we will achieve what we expected for the Bangkok conference: to provide a place for all relevant actors to come together: decision makers in national governments, including ministers of health and science & technology, donors and producers of research - both public and private, national and global - and those who are engaged in the translation of health research into products and services. I think that, if the Bangkok Conference had not been followed by an opportunity for these actors to meet again, it might in a sense have been a failure. If we can bring the whole family of global health research together in Mexico, this can be the beginning of a tradition of holding these meetings at regular intervals to take stock of, and update our commitment to, health research for development.

Dr. Anna Karaoglou
Belgium

In recent years consensus has grown on the need to address health as a part of broader social and human development. The expectations were to reach the conclusion that a coherent health policy should involve trade, research and development. Sustainability is critical if health projects are to have a meaningful, long-term impact. A focus on social and gender equity, the production of knowledge and better quality research is of vital importance. For this, not only the scientific community but also other stakeholders, such as the private sector and public authorities, should be involved.

The most important outcomes of the Bangkok Conference 2000 were the proposed action plan for knowledge generation and awareness raising, as well as the need to adequately finance health research for development. But more than anything else we saw health, which was often considered an automatic by-product of economic growth, rising to a leading position on the international political agenda.

We know that considerable progress has been made over the last few decades. But the situation is not uniform even within individual countries. The disparities between the levels of health and the accessibility of care are of great concern. In the context of globalisation, scientific research is now expected to play an increasingly important role as a strategic factor of development.

During the 20th century, tangible elements, such as capital, natural resources and labour were the driving force behind economic development. In the new century, intangible elements, such as the capacity to generate and use scientific and technological knowledge, access to information, and human creativity will give nations a competitive edge. Countries that lagged behind in their industrialisation during the 20th century can overcome poverty and achieve economic growth by successfully developing their human and institutional resources. To achieve this, north-south science and technology co-operation for sustainable development is vital.

Countries that lagged behind in their industrialisation during the 20th century can overcome poverty and achieve economic growth by successfully developing their human and institutional resources. To achieve this, north-south science and technology co-operation for sustainable development is vital.

The European Commission's (EC) International Science and Technology Co-operation with developing and emerging countries responds to demands at various levels, foremost in a political dialogue with the countries and regions themselves, but embedded in global political negotiations and agreements. Through this the European Union (EU) accepts its responsibility to contribute to attaining the MDGs. These support global sustainable development, including environmental, health and food security for the 2.8 billion people living on less than $2 a day. At the same time, working with these partner countries offers new opportunities for Europeans to access traditional and especially new types of knowledge and making it useable in different contexts.

Despite considerable political attention, the follow-up action on how we orient our resources, the processes by which the resources are allocated and directed appropriately to where they are most needed, still requires further reflection, coordination and action if we are to respond to global needs.

2005 will be the year for both a fundamental review of EU's foreign policy and a year for taking stock of progress towards MDGs. The greatest challenge is to orient research to address the most important problems of humankind in terms of social inequality, health problems, food and water insecurity, erosion of biodiversity, ecosystem resilience and productivity and climate change.

For the European Union and its main developing country partners the current negotiations on future relations provide a timely opportunity to update their co-operation on health and human development, which provides opportunities and challenges for health systems research. The EU has committed itself to secure progress towards health-related MDGs and these are directly dependant on substantial progress in controlling the major killer diseases, such as malaria, tuberculosis, HIV (the development of the European and Developing Countries Clinical Trials Partnership), but also diarrhoea and pneumonia, as well as other communicable diseases on which almost no research findings are made available by the large medical research agencies and the pharmaceutical industry.

In a broader context the WHO '3 by 5' initiative and the Global Fund to Fight AIDS, Tuberculosis and Malaria present particular challenges for the health systems in which these services will be provided and scaled up.

All the above clearly shows that there is greater political will. There is a commitment to support research on health and emerging diseases. Research should be more integrated in public health policy and efforts must also be made by the developing countries. Disease control should be put in a societal perspective, through the use of appropriate health systems. Defining measurable population health outcomes and gauging health systems performance are becoming increasingly important for EU health and development policy after 2006. More integration between action to improve health systems, action in food security and nutrition and action in sanitation is called for.

The EC Research Directorate General, through its International Scientific Co-operation programme, has funded more than 70 projects on health systems research and on health policy for the past 20 years. The need expressed by the research community for a linkage between health systems research and policy-making and research initiatives in these two fields triggered the idea of looking into past and ongoing research to identify and explore specific issues, which require further analysis. A panel of independent experts has reviewed this work and come up with recommendations for the future. The review will be reported to a working session during the Ministerial Summit in Mexico.

Prof. Mary Ann Lansang
Philippines

Expectations and outcomes of the Bangkok Conference 2000

My expectations revolved around the discussions of the theme of 'global architecture for health research' that I was asked to summarise. I distinctly recall that a major expectation was that there would be better coordination and cooperation among organisations and institutions engaged in health research for development, especially at the global level. Functionally, the expectation was to use the Conference as a springboard for greater dialogue on the 'global architecture' and, more importantly, for greater commitment of all stakeholders, especially those who had not been well heard before (i.e., the 'voices' of the unheard).

Advocacy of health research for development was a key outcome on four fronts: the knowledge cycle (production/generation, management and translation), capacity building, governance and financing. On the other hand, in retrospect, one could ask: messages and advocacy for whom? - Bangkok was largely a forum for researchers (academe, NGOs) and a few funding agencies; ministers of health and private industry were missing. The 'echoes' of the 'voices' post-Bangkok did not effectively reach policy-makers at the country level and the private pharmaceutical sector.

Post-Bangkok developments

The most important developments, as direct results of discussions at the Bangkok conference included:

- Greater attention to national health research systems. Examples of visible progress on this front were the establishment of the National Health Research Forum in Tanzania; and the creation of the Philippine National Health Research System, which combined the parallel efforts of the Essential National Health Research Program in the Department (Ministry) of Health and the S&T program of the Philippine Council on Health Research and Development. At the global level, COHRED and WHO encouraged and supported some activities related to national health research systems.
- The establishment of regional health research forums: e.g., the Asia-Pacific Health Research Forum, the African Health Research Forum (AfHRF), and the Latin American-Caribbean group. The AfHRF has been able to muster up funds for some of its programs, but in general the level of international and regional funding for these regional forums has been disappointing.
- Setting up a 'Working Party' to 'address global partnership and complementarity issues and to work out a proposal for a governance structure of the global health research system'. Two years later, at Forum 6 in Arusha, Tanzania, the Working Party was considered moribund and was disbanded.
- The progress and activity registered on the four main themes of the 'Action Plan' in promoting and improving the 'knowledge management cycle'. Actions on capacity building, global governance and financing have scarcely materialised.

Since 2000 (but not as a direct result of the Bangkok Conference 2000), we have seen an unprecedented increase in funding for health research and development at the global level, e.g., the Bill & Melinda Gates Foundation, the Global Fund to Fight AIDS, Tuberculosis and Malaria, and the NIH 'Grand Challenges' programme. The Commission on Macroeconomics and Health campaigned effectively for funds to address health problems of developing countries and, as an afterthought, also advocated a global fund for health research (which has not materialised).

Very few countries had achieved the 2% (of health expenditures) benchmark for health research funding, as recommended by the Commission on Health Research for Development in 1990. Thus, the 'push' has largely been global rather than local (in contrast to what we advocated in Bangkok: 'think global but start local').

On the other hand, at the national level, the 'resource flows' monitoring coordinated by the Global Forum for Health Research has shown that very few countries had achieved the 2% (of health expenditures) benchmark for health research funding, as recommended by the Commission on Health Research for Development in 1990. Thus, the 'push' has largely been global rather than local (in contrast to what we advocated in Bangkok: 'think global but start local').

Expectations of the Mexico Conference 2004

I hope that there is time and space at the Mexico events to reflect on the most neglected *'know-do'* gap in health research for development: we *'know'* what needs to be done to address inequities in health research for development in the world (the Bangkok Conference 2000 and many other forums and publications have repeatedly told us the gaps); we do not *'do'* (inadequate financing for health research for development; poor

coordination and cooperation among agencies) what is needed to address the imbalance. I think we can do better than Bangkok in developing more concrete steps and recommendations towards real action. The last thing we want to see is another empty declaration from a Summit.

Challenges for the future

Health systems research and MDGs are among the important challenges for the next decade. But health research for development is not just about health systems research. There needs to be a refocusing on health research systems. Undue attention to just health systems research distracts us from systems thinking and the other needs of the national, regional and global health research systems. This includes financing for ENHR and health research systems and research capacity building in developing countries. In particular, we need to harness and optimise the use of information and communication technologies to accelerate training for health research in developing countries. The brain drain (particularly acute in the Philippines among health care professionals) is another important challenge. We should also ensure that future major scientific and technological breakthroughs (genomics, molecular biology, information and communication technologies, etc) help to close the gap, rather than to widen the inequities between rich and poor countries.

Prof. Adetokunbo O. Lucas
Nigeria

The Bangkok Conference 2000 clearly emphasised the essential role of health research and the need for all stakeholders to play their part.

Funding health research

I had hoped that having reviewed developments a decade after the report of the Commission on Health Research for Development, all stakeholders would redouble their efforts to meet the goal of using research as an effective tool for achieving equity in health. The debates that led to the Commission's report emphasised the failure of governments to allocate adequate resources that would enable their national scientists to address the priority research issues within their own countries. It was for this reason that the Commission made two key recommendations:

- That governments should allocate 2% of their national health budget to research; and
- That large externally funded programmes should earmark 5% of their budget for research and capacity building.

Until the Global Forum for Health Research initiated a study, there had been no attempt to systematically monitor the financial flows for health research. The study showed that most developing countries largely ignored the recommendation to allocate 2% of their health budgets to research. In some cases, allocations were minuscule.[1]

Whenever the issue of funding for health research is discussed, the usual response is to appeal to external donors rather than to emphasise the role of national governments.

National research scientists in developing countries remain very heavily dependent on grants from external sources. This has hampered their ability to address issues that have been identified as high priorities for their nations. The international community has failed to emphasise the need for countries to make appropriate financial provisions. Whenever the issue of funding of health research is discussed, the usual response is to appeal to external donors rather than emphasise the role of national governments.

Barriers to south to south collaboration

One of the important mechanisms for promoting research and strengthening its capacity is technical collaboration among developing countries. In some regions, such as West Africa, the easing of travel restrictions in recent years has made it easier for scientists to interact and collaborate. On the other hand, harsh travel restrictions have hindered collaboration between West African scientists and their peers in some eastern and southern African countries. It is often easier to meet colleagues from another sub-region in Europe or America than in Africa. African governments should review the situation and, in the spirit of NEPAD, should facilitate scholarly and scientific interaction within the continent. Harsh travel restrictions should be eased.

Impact on health programmes

Failure of health research in some developing countries is having a damaging effect on health programmes. For example, the worsening malaria situation in some countries is partly due to the failure of health departments to make effective use of country-specific research, which should be used to optimise the effectiveness of intervention programmes.

1 "Monitoring Financial Flows for Health Research" Global Forum for Health Research 2001

Some good news

Some countries appear to be making good progress with Essential National Health Research. For example, the imaginative co-ordinating mechanism in Tanzania is an attractive model. And some middle-income developing countries, like Mexico, Brazil and Thailand, are showing major advances in their health research capacity and in their effective use of research findings.

Expectations of the Mexico Conferences 2004

As set out in the earlier section, post-Bangkok progress has been somewhat disappointing. The Mexico conferences represent another opportunity for developing countries to carry out an honest reappraisal of their health research performance. It should go beyond paper resolutions to a firm resolve to improve the situation. The conferences should explore the possibility of establishing a mechanism that will independently monitor the performance of countries with regard to the funding of health research. The findings of this independent body should be published periodically to show trends in financial flows for health research.

Dr. Peter Makara
Hungary

From the perspective of the Central European countries and the Newly Independent States of the former Soviet Union the Bangkok Conference 2000 was a milestone and an opportunity to achieve a clearer identity and greater self-esteem. It also provided a clearer understanding of where we have come from, where we are now and where we are going. For most of us, after a number of years of cooperation with COHRED and developing ENHR, Bangkok was more of an emotional and symbolic event, a market for networking rather than a volcano of new ideas and information. Moreover, as far as I can see, the Bangkok Action Plan was formulated after a very important and thorough consultation process. But it culminated in a hasty manner during the conference as can be sensed in some of the weaknesses of the document.

The action plan for knowledge production, use and management and capacity building is well defined and still valid. However, there are a number of uncertainties in understanding the areas for action at the regional and global levels. The priority given to countries remains unclear. There is no comprehensive analysis of the different country-level partners and stakeholders. Thus, the relationship between global and national remains unclear. The national representation is not democratic and sometimes the existing partners satisfy their personal interests rather than the ENHR objectives.

> *The attempt to achieve a better positioning for health research in the overall developmental process so as to rank health research systems higher on the policy development agenda was basically a failure*

Adequate financial support from international donors and development agencies seems to be an illusion of the Bangkok Action Plan. The hopes of public/private partnerships and a more proactive role of the huge private foundations did not materialise. Generally speaking the attempt to achieve a better positioning for health research in the overall developmental process so as to rank health research systems higher on the policy development agenda was basically a failure.

Since Bangkok a number of Central and East European countries have become members of the European Union with new policies and research systems in accordance with EU standards and with relatively strong funding. At the same time the situation in the Newly Independent States and certain Balkan countries is very similar to that of other deprived countries. However in the Newly Independent States there are certain strengths from the past: high quality human resources in research, traditions in the central planning of research activities, etc. On this basis, COHRED facilitated sub-regional cooperation for the Russian-speaking countries. In fact, there is an Entente Cordiale among these countries with structures for sustainable cooperation in developing ENHR. This is no doubt a positive outcome of the post-Bangkok process.

Prof. Ernesto Medina
Nicaragua

Expectations of the Bangkok Conference 2000

From the perspective of small countries in Central America, the Conference was seen as a positive step towards achieving a global consensus about the importance of health and health research as part of the foundation for economic growth and development. The Bangkok Conference 2000 was considered to be part of a process that should concentrate on identifying and supporting action that will contribute to the solution of the specific problems identified in each region, especially in the poorest and less advanced countries.

To meet the challenge, it was also expected that coordination between the donor community,

multilateral agencies, WHO, Ministers of Health, the universities, and NGOs active in the health sector would be improved.

My hope is that the representatives of less-developed countries will play an active role as equal partners in the Mexico discussions.

Inequities between rich and poor

Despite a growing awareness of the inequities between rich and poor, between those who have access to, and control of, the present knowledge and technology revolution and those who have not, very little has happened in terms of concrete action. A lot of effort and resources have been invested, especially in the poorest countries, in the 'modernisation' of health systems, but these efforts concentrated mainly on their efficiency and efficacy in economic terms. Health research has not been an essential part of these processes and in most cases it has not been considered at all.

Expectations for the Mexico Summit

In Mexico the foundations of a more concrete strategy for the solution to the specific problems, focusing on the needs of the poorest countries, must be devised. First, a broad consensus must be reached on the general characteristics of their health systems and the challenges to be faced for the next decade. The role of health research in these systems has to be clearly defined. This strategy should be based on better coordination of the stakeholders, and on the identification and prioritising of the problems with an emphasis on the inequities between rich and poor, between those who have access to, and control of, the present knowledge and technology revolution and those who have not. My hope is that the representatives of less developed countries will play an active role as equal partners in these discussions.

Dr. Sigrun Møgedal
Norway

Expectations and outcomes

The Bangkok Conference 2000 took place at the peak of millennium reflections and expectations. In the global research environment these were expressed as hopes of replacing fragmentation with synergies, dominance with partnerships and 'research shopping' with better systems for priority setting, governance and accountability. The aim was to make a difference to poverty and focus more research efforts on dealing with the disease burden associated with poverty.

Much of the Bangkok discussions called for overcoming constraints in interactions between the national, regional and global level. A possible road map for a global research system was on the agenda. It became evident that the potential of the global research system can only be released if there is a critical mass of national research capacity in each country, with appropriate research governance. This insight was not new, but reflected what the essential national health research movement and COHRED had already stressed. The Bangkok action plan made it imperative - while still largely undelivered.

Bangkok also helped to make gaps visible - in terms of the north-south resource and information flows, relationships and opportunities. The outcome was impressive in terms of clarity about the forward-looking agenda. Even so, taking the action plan forward has not gained the operational momentum and shared efforts that were called for. This is a cause for concern.

Developments, challenges and opportunities

At the time of the Bangkok conference, new paradigms in the Global Health community were already emerging, such as those of result-orientation, performance-based funding and public-private partnerships. But they did not influence the main value framework of the Bangkok Conference 2000 which very much reflected 'Health for All' and the primary health care movement, focusing on health as a right, and the imperatives of equity and access.

The years immediately following the Conference became the years of the Global Health Initiatives, and those of an exploding AIDS crisis. This development carries with it a set of new questions, but does not replace the unfinished agenda of Bangkok. The Bangkok plan of action must therefore be re-examined through the lenses of AIDS and Global Initiatives.

New initiatives risk further fragmentation of the research system, rather than serving synergies, and may shift the emphasis back to the research groups of the north in the drive for quick results.

The Global Fund to Fight AIDS, Tuberculosis and Malaria and the GAVI/Vaccine alliance have shown the potential for setting global agendas and mobilising additional resources through a clear focus and the creation of different types of partnership. There are also a growing number of public-private alliances to

drive single-issue research agendas, such as for new drugs, vaccines and technologies. Seen together, however, these initiatives risk further fragmentation of the research system rather than serving synergies, and may shift the emphasis back to the research groups of the north in the drive for quick results. This situation calls for correctives.

A major part of the new resources available for Global Health, including research, is now associated with these new initiatives and public private partnerships. The fact that all these efforts depend on health systems for delivery, and increase the need for informed policy choice based on country-specific contexts, gives new momentum to policy and systems research. Issues related to the health workforce and factors influencing retention, motivation and quality are now urgent and represent a critical gap in the research agenda. Having a critical mass of national research capacity in each country, and research collaboration that respects, nurtures and strengthens such capacity is essential. Along with this there is a need for a WHO that can re-establish a normative basis to help guide countries in this complex environment. The Mexico events need to address these challenges as the highest priority.

Prof. Mutuma Mugambi
Kenya

The Bangkok Conference 2000 provided an important global platform for developing countries and regions to review the status of their health research and articulate forward looking plans for health research improvement. Significantly the Conference took place a decade after the 1990 landmark report of the Commission on Health Research for Development with recommendations that had prompted many international health research initiatives intended to revitalise research in poor countries.

To many delegates the Bangkok Conference gave hope and signs of optimism for a research agenda of improved governance, financing, collaborations and establishment of a global research system, all to address existing inequalities in health research. For countries and regions, the meeting served to refocus on priorities, to reiterate the value of research in health development and to provide the impetus to accelerate health research development. The establishment of a working party of stakeholders provided the opportunity for closer collaboration between the major global players and to put in place a mechanism for regular monitoring of progress.

In the following I wish to draw attention to developments in the African region, that were based on selected Bangkok recommendations, and to make a short subjective judgement of international developments.

In December 2001 the African Health Research Forum (AfHRF) was established and officially launched in December 2002. The Forum is increasingly attracting membership of health research networks and institutions. As an action-oriented body it has undertaken a number of analytical and flagship projects.[2]

The first of the Forum's two flagship projects is a study of existing regional clearinghouse mechanisms. Based on a preliminary report, a Task Group has been established to develop a forward looking strategy to link clearing house work with website development, which is yet another on-going project. The second flagship project addresses an identified capacity gap in leadership for health research. A training programme of country teams has started in two countries (Mali and Uganda) and two more (Zambia and Benin) will enrol in May 2005. The team concept is viewed as a way to strengthen national health research systems by putting together producers, policy makers and end users.

The Forum's most important analytical projects have been to document, engage and bring together all significant regionally-based health research networks to create a network of networks. The AfHRF in its preliminary analysis has identified over thirty networks. In May 2004, fifteen of these met in Nairobi and declared their support for the AfHRF. Furthermore, the participating networks became members of the Custodial Group of the Forum and thus enlarged the original Steering Committee. At the Nairobi meeting six task groups were established to develop priority activities. One group was asked to explore the feasibility of publishing an African Health (research) Review, which was one of the Bangkok recommendations.

In my view the global research scene remains as highly fragmented as ever.

At the international level, Bangkok created optimism for development of more coordinated and collaborative global partnerships. To set the tone, the four Conference convenors (WHO, the World Bank, COHRED and the Global Forum for Health Research) declared their intentions to work more closely in order to advance effectively in their response to national and regional needs. After a number of consultations, the

2 See the AfHRF website at: www.afhrf.org

Geneva- based agencies appeared to go in the direction of an 'alliance'. However the partnership was never born and the framework for the intended collaboration has to be revisited. The Working Party was established as a mechanism to monitor progress of the Bangkok Conference 2000 recommendations but has little to show in this regard. In my view the global research scene remains as highly fragmented as ever. A notable example of partnership building at the global level, and an exception to the preceding statement, is the Canadian Coalition for Global Health Research. This arrangement could serve as a useful model for north-south partnerships. The AfHRF is a partner of the coalition and is represented in the Steering Committee.

COHRED was established as an organisation whose mission and focus is countries and equity concerns. Despite developing important activity areas after Bangkok, COHRED needs to reaffirm its relevance and leadership. This will require restoring its reputation as the champion of countries, and developing long-term plans to provide support for countries and regions. The AfHRF will continue to cooperate in synergy with COHRED activities, and work with the Council to strengthen national health research systems in the region.

In conclusion, although slower than planned, a significant start has been made by the African region to address important issues that constrain research development in the continent. Funding for the 'forum idea' will take time to be fully appreciated as a mechanism for strengthening the conduct, collaboration and coordination of health research in Africa; promoting the utilisation of research for development; and for reducing the current inter-country and global imbalances in health research. The AfHRF is now occupying itself with establishing its legal status and continues core activities of advocacy, fund-raising and partnership building. The international research system will benefit from the strengthening of the Forum.

Prof. Oladele Ogunseitan
USA

I came away from the Bangkok Conference in 2000 feeling secure in the fresh knowledge that the research disciplines that address human health and economic development have at least three things in common: First, their fundamental theories are deceptively simple; Second, the determinants of dynamic trends in both disciplines are well known; Third, progressing from knowledge of the latter two principles to deliberate action that reverses downward trends or maintains upward trends is the most difficult challenge facing human societies everywhere. I was also heartened to find that the collaboration between WHO and the World Bank has the potential to resolve some of the most difficult aspects of this universal challenge.

Where, ideally, should health research and development meet if the pace of work is remarkably different from both ends?

Now, four years later, we reconvene to seek a common bridge across the 'know-do' gap. Globally, much has changed in the past four years to influence the basic concept of how such a bridge might be built. It is increasingly clear that instead of one common bridge, several bridges of different lengths and strengths are needed. Because there remains considerable inequity in health and development across national boundaries, age groups, and gender categories. In 2000, I posed the challenge to the conference to consider changing the direction of this hypothetical bridge as an experimental slogan entitled 'development for health research'. Should the bridge emerge first from the health research end of the divide, or from the development end; or more prudently, simultaneously from both ends? Few will argue against the last option. But where, ideally, should health research and development meet if the pace of work is remarkably different from both ends?

I remain convinced that the pace of economic development should be more rapid if sustainable research cultures are to be nurtured in developing countries to address the specific problems associated with poverty and gender differentials. I hope that the conferences in Mexico bring the necessary actors together at the national and global levels to firmly engage the agenda of 'development for health research'.

Dr. Berit Olsson
Sweden

The Bangkok Conference 2000 brought renewed attention to the concept of 'essential national health research', coined by the Commission on Health Research for Development some 10 years earlier. It is a concept to my liking; it conveys the message that capacity for research is essential for all countries, an insight which prompted my country to support the build-up of research as part of its development cooperation.

The Conference was a step forward as it demonstrated the willingness of many parties to

contribute actively to the promotion of health research for development. However, in my view the discussions focused more on which issues should be given priority rather than on how research structures and research as a phenomenon could be promoted. As we see it, health research should also be considered as part of the research sector at large.

Health research should be considered as part of the research sector at large.

Not all countries can afford huge and sophisticated research facilities but all countries require core functions. Without core facilities and capacities for research, countries are very vulnerable. The value of research does not only lie in its contribution to specific outcomes or products. The process itself is productive. There is a lot of 'essentiality' in having research capacity which is process- rather than product-oriented and which is linked to the processes of analysis, formulating hypotheses, understanding the realities surrounding us and connecting to the international world of knowledge. University research also enhances analytical capacity and the searching and questioning mind in higher education. An essential basis for research is not necessarily unique to a single sector; skills in biotechnology, for instance, can be used in agricultural as well as health research.

Research capacity is not merely the capacities of individuals or groups to conduct research but also capacities at the level of organisation and research management. An organisational framework is needed that can devise strategies for research development, secure funding and allocate resources based on merit and relevance, thus building on research opportunities and ideas generated in the research community, as well as in society. Organisations must be capable of responding to commissioned demand and to dealing with external donors and set conditions for co-operation.

Resources may come from different sources but the core funding from the state is essential. Research needs long-term investments, rarely secured by commissioned studies or project funding. Most countries, even the least developed, do spend resources on research. However, little attention has been paid to how funds and facilities can be organised for optimal productivity and creativity. Few countries have formulated strategies for research development.

I regret that the notion of essential research capacity has not been widely accepted by the international donor community. Swedish, Norwegian and Dutch agencies have made joint efforts to support the development of university strategies and university reforms as a central element in building a national basis for research. But few bilaterals have identified research as a sector worth funding in its own right. Instead research has usually been funded with the immediate objective of supporting development projects within health, agriculture and other specific sectors. Furthermore, agencies are more often prepared to fund research *on and for* rather than *in and by* developing countries. These issues call for much greater attention in international fora and should feature prominently at the forthcoming meetings in Mexico.

The decade before the Bangkok Conference 2000 saw the emergence of several independent international health research initiatives. I had expected the Conference to shed more light on WHO's role in health research. In my view WHO should (1) draw on and promote research as a basis for its normative role, (2) promote and support research groups and special programmes that address important knowledge gaps and (3) promote the notion of research as an essential basis for development at the country level. There are encouraging signs that WHO now sees research as essential to its mandate but we still have not really seen WHO assuming the role of promoting, and advising countries on, health research development. We would like to see the three-pronged approach develop into a major thrust.

Agencies are more often prepared to fund research on and for rather than in and by developing countries.

The growing insight that health is a decisive factor of economic development and worth investing in has been a positive feature of the international debate recently. It has led to the creation of new international initiatives for funding. Strategic investments in health as a key issue for development is a good thing. However, external investments must be matched with sufficiently strong organisational capacities in the countries concerned. Capacity for essential national research is one of the elements, which may strengthen countries' ability to exert ownership. If strong external support programmes take over the national responsibility for financing and organising the services, they may result in dismantling government capacity to run the health services. If this happens, it may be the 'kiss of death' for self-reliant development.

Turning to the Mexico events, I think it is positive that WHO convenes ministers to discuss the needs for a basis for research at the country level. Research is

such a long-term and essential investment that governments have to be financially committed to support basic core functions. International initiatives for health research should not by-pass structures that have a legitimate role vis-à-vis governments. Platforms outside this system may be successful in convening devoted individuals, such as in the case of the Global Forum for Health Research. However, the UN system is best placed for getting messages across to decision makers. In addition to the WHO role of promoting health research, I believe links with UNESCO would be essential. UNESCO may also forge links to ministers of science and technology. Independent platforms may still have a function as fora for critical debates and in challenging the system. But they may also, in a way, contribute to undermining the legitimate bodies. There are things that are best done in WHO and there may be others that could best be done outside. One should look for an appropriate balance.

My plea to participants in the Mexico events would be to recognise the situation of poor countries and their need to build a nucleus of a core function for research. A country that does not have basic capacities in statistics, chemistry, biology, physics and mathematics cannot do research. Such a core must be built up in all countries. There are so many urgent and needed research applications to be addressed by the national core system for research. However, this core must be built before it can be tapped. You cannot utilise resources that do not exist.

Dr. David Picou
Trinidad and Tobago

I retired as Director of Research, Caribbean Health Research Council, in September 2002 and this has limited my knowledge and experience of post-Bangkok activities, especially at the international level. However, I have tried to put this 'disadvantage' to good use by using the filters of time and memory to focus on what seem to me to be important, broad issues facing health research.

The HIV/AIDS epidemic has brought significant research funding to developing countries. This is a mixed blessing. It has led to a drain of human resources away from other important research in non-HIV/AIDS areas.

As focal point for ENHR in the Caribbean, I was heavily involved in preparing a regional viewpoint on health research. Some of my major expectations of the Bangkok Conference were:

- Developing countries would have a greater voice and influence at the 'global table' when policy decisions on health research were being made;
- The post-Bangkok roles of COHRED and ENHR would be clarified;
- Key guidelines for use by regional bodies to prepare health research agendas, identify gaps and manage health research at the national and regional levels would be addressed; and
- A clearer understanding of the relationship between Latin America plus Central America and the Caribbean regions would emerge. I notice that in recent documents, the Caribbean as a region is hardly mentioned.

The Bangkok Conference 2000 for me was the most successful of the Forums I attended, possibly for these reasons:

- The COHRED constituents, comprising some 40 nations/regions, met for the first time ever;
- It paved the way for COHRED to continue its excellent work among the less developed nations; and
- It brought important issues to the front burner, such as national and regional health research agendas; health research systems; north-south and south-south partnerships.

The HIV/AIDS epidemic has brought significant research funding to developing countries. This is a mixed blessing. It has led to a drain of human resources away from other important research in non-HIV/AIDS areas, such as the chronic non-communicable diseases, obesity, road traffic accidents, mental diseases that are ravaging many populations.

In my view, the important challenges and opportunities for the next decade consist of:

- Harnessing the increase in HIV/AIDS research funding so as to increase health research capacity;
- Preventing/eliminating the brain drain;
- Extending the current political support for HIV/AIDS to other equally important health research issues; and
- Regenerating interest and enthusiasm for ENHR through COHRED to stimulate the definition of national health research agendas, priorities & gaps; to stimulate formation of regional health research Forums for the Caribbean and Latin & Central America; and to bring health research ethics to the front burner.

Prof. Ranjit Roy-Chaudhury
India

I had expected that the Bangkok Conference 2000 would facilitate a dialogue that would lead to a quantum leap in funding for research, greater cohesion amongst the donors in their support of the leading edge areas and an enhanced effort for research capacity building in those geographical areas where problems abound but where researchers are not there to undertake the research.

I consider human capacity development an important area and challenge for the next decade of health research.

From my perspective the share of funds for health research for development has increased in a way I would not have expected at Bangkok. This has, however, not been accompanied by a planned global thrust for research capacity building. The donors too have carried on as they always did without achieving any better coordination of effort either amongst themselves or with the researchers. Thus, while one area of expectation has been more than fulfilled, the other two areas remain to be followed up actively.

I consider human capacity development an important area and challenge for the next decade of health research. With this would come leadership of health research.

Prof. David Sack
Bangladesh

Meeting people in the field of international health research

Having been appointed Director of ICDDR,B[3] shortly prior to the Bangkok Conference 2000, I honestly did not know what to expect from the meeting. I knew that many people were coming from all over the world including researchers, public health practitioners and donors, and that it was important for me and for many others from ICDDR,B to participate. Through informal meetings in hallways and at meal times, as well as in the small groups, we were all able to develop a sense of the priorities and approaches that others were taking in addressing the needs of international health. It was often these informal meetings that were as productive as the formal presentations. Unfortunately, it was not possible to continue all the relationships with the persons we met at the conference, but in some cases these informal relations have continued.

Forming networks

It was hoped that the conference would stimulate the new research networks. From experience I should have known this was probably not such a realistic expectation. True networks do develop and might emerge from a large conference like this, but generally networks develop through smaller gatherings when one has the chance to explore in depth the capabilities, resources and mutual benefits of working together.

Such conferences always speak highly of the benefits of networks, but my experience is that networks will happen only if each party in the net has something to offer the network. Joining together a series of weak institutions just makes a weak network. The network concept can work, but it means that each of the participating institutions has an important contribution to make to the group, and that each has mutual respect for the contribution of the others. Financial stability is an important component that facilitates such networks, but networks that form simply to receive funds are generally not so successful. Thus, my hope that the conference would give rise to networks did not materialise for us, but hopefully it did for others.

If data come from local organisations, why must it be digested in Geneva before the local ministries take action?

The 'grand statements'

The high-flown thoughts of the conference, such as suggesting new policies, though well intentioned, were not so useful for me. Perhaps they were more so for donors, in which case they are useful. However, I suspect that most participants returned home and conducted business in the way that was best for them, not necessarily using the pronouncements of the conference.

I do note that conferences such as this are often associated with a condition that I call 'acute tropical enthusiasm.' Unfortunately, the condition is generally self-limiting, and when one returns home, the enthusiasm that one felt during the conference wanes. Thus, for me, the more important issues are those that might give rise to a more chronic case of 'long-term goal setting and persistence.'

3 ICDDR,B: Centre for Health and Population, Dhaka, Bangladesh

Understanding what it tales to male local institutes successful

I had mistakenly thought that one of the accomplishments of the conference would be to determine what makes for successful research centres in developing countries. It seems that focus in international health research is mostly on the 'big players' (bilateral donors, UN agencies, foundations, NIH, CDC, etc) without realising that these organisations generally do not actually do much research themselves. Rather, most of them conduct their work through other local organisations. The big agencies generally try to get the projects for the lowest cost, almost like a contracting agency, without consideration for the development and stability of the organisations in the field.

What makes a local organisation successful? What makes its work relevant? How can one achieve stability? What funding mechanisms create independence as opposed to dependence? How can the big players work with the local organisations as partners instead of imposing their ideas and assuming the superior role? If data comes from local organisations, why must it be digested in Geneva before the local ministries take action? On these points, I am afraid I was disappointed since I felt we needed to attempt more carefully to understand the determinants of successful research institutions. It is really through building up these institutions that the really relevant, future research will be carried out.

Network of international health organisations

I would hope there could be another attempt at a network of international health organisations similar to the ICDDR,B but located in other countries. Clearly, there is a wealth of talent and skilled people in the developing countries, but they seem to be migrating to the west. If first-rate institutions were located in the south, I suspect that many would stay and develop their careers locally. This will require a long-term view, however, since many in the west want a quick fix to get the 'most for their money out of the individual project', a kind of 'MBA approachæ where one continually looks at next quarter's growth figures. This is counter-productive in the long run since rarely can long-standing problems be solved quickly.

Does this mean we just have to abandon short-term goals? Not at all; we need to have short-term goals so that we can monitor the progress towards the longer-term goals, but the current indicators for progress may not be the ones the donors are looking for. They may instead relate to indicators of true capacity building and problem solving abilities. We have not yet learned how to develop these indicators.

In terms of research capacity building within countries, some would say that this is the role of national ministries. In some cases it may be, but for most, national governments are not set up to carry out high quality research. They are too busy managing the health services system and they must use a 'civil service system' where job assignments are based on seniority rather than productivity and capability. Such a health research system is not well suited to a really productive research environment. Thus, other types of institutions may be needed that will have the flexibility to address the research needs where they exist, and 'take the science where the problems are.'

Dr. Delia Sanchez
Uruguay

The legacy of the Bangkok Conference 2000

A varied and rich event such as this Conference is very difficult to summarise, as each of us remembers what struck her/him most. For me, one of the most important points made at Bangkok and the regional preparatory meetings before it, was the importance of national and regional approaches, and the concept of subsidiarity as the basis for international cooperation. Though many were ready in Bangkok to discuss global governance, it was clear that the voices of the people said that was not the issue.

Though many were ready in the Bangkok Conference 2000 to discuss global governance, it was clear that the voices of the people said that was not the main issue.

Nevertheless, global research governance is still very much in the front line, and we keep discussing it, while national health research systems are left with the same problems. The growth of bilateralism, to the detriment of internationalism, has only worsened matters, since countries now struggle with a large number of counterparts, each with different priorities and limitations, and our discussion fails to acknowledge it.

Expectations of the Mexico events

Looking ahead to Mexico, there are two events between which we must differentiate.

My expectations of the so-called World Summit are quite limited. Classical large-scale conference arrangements, with final declarations probably prepared

in advance, and the fact that, at least as far as I know, the proposed lines for future work have already been developed and discussed in the north, and do not necessarily reflect the needs of research systems in developing countries account for my modest expectations. The preliminary programme I have seen seems designed to teach Ministers of Health about the benefits of research, assuming that they do not know already, and that once informed, they will devote funds to it. I believe there are many factors that determine a country's science policy, including its health research policy, and this approach seems to consider it a matter of individual willingness.

The other event, which seems rather overshadowed this time, is the Global Forum 8. That is an open space and I would have liked to have more decision-makers interacting with the varied participants in this democratic arena, discussing their problems and responding to challenges. I hope this can be the case in coming years.

Dr. Pramilla Senanayake
Sri Lanka

At the Bangkok Conference 2000 we held discussions about the 'architecture' of international health research and the wish for greater coordination. One issue I considered important was the relationship between the Global Forum for Health Research and COHRED. We are now pleased to report that, after a hiatus while the leadership of both organisations underwent change, very positive steps are now being taken towards close, intensive collaboration between the two organisations. This is likely to be formalised in the near future. Both organisations see great opportunities for synergy through the creation of a strong interface between perspectives and experiences that originate, on the one hand, at the global level and, on the other, at the national and regional level. There has also been close collaboration between WHO, The Global Forum for Health Research and COHRED - as witnessed by the joint planning for the meetings in Mexico. Better coordination among research councils is being fostered by bringing together Medical Regional Councils and National Institutes for Health in a collaborative initiative with the Global Forum for Heath Research acting as a facilitator. It is hoped the project will be announced and launched in Mexico.

I think Bangkok may also have been looking towards more active participation in health research by the developing countries and regions. One development since then has been the growth of regional research fora (African Health Research Forum; Asia-Pacific Health Research Forum with a South Asia Health Research Forum chapter; a Latin American and Caribbean Health Research Forum is in the process of being established).

I believe the biggest problem with Bangkok 2000 was that it made a lot of earnest calls for action but there was no 'ownership' of the output by the random collection of individuals who attended and who had no mandate to speak for others. As a result relatively little attention has been paid to the Action Plan.

Looking towards Mexico 2004, I think we will address the point made in the preceding paragraph by clearly defining two separate groups from different backgrounds. The WHO-led Ministerial Summit will bear the official weight of governments behind the 'Mexico Agenda' that it generates, and this will be fed through official channels (WHO Executive Board, 2005 World Health Assembly) to ensure it wields global authority. The diverse constituencies that the Global Forum for Health Research and COHRED have contacted during the year and the self-appointed constituencies that attend Forum 8 will contribute to a Statement that we will issue at the end of the Forum. This will be an attempt to establish a broad-based view of what the global health research priorities are and who should be addressing them.

I believe that the biggest problem with Bangkok 2000 was that....there was no 'ownership' of the output by the random collection of individuals who attended and who had no mandate to speak for others. As a result relatively little attention has been paid to the Action Plan.

Thus, the highest hope for Mexico is that it will provide new clarity and new energy to address global health research priorities. Forum 8 is based much more than any previous Forum on a demand-driven process (over 500 abstracts were received in response to our call, and over 300 were accepted for oral or poster presentations. Accordingly, the programme is very largely built of what people have told us they want to say). It is much more structured and focused than previous Fora, sharing the theme - health research for the Millennium Development Goals (MDGs) - with the Ministerial Summit, and should therefore project a much sharper picture of where the remaining needs and challenges are. We are also explicitly taking up more challenging issues - e.g. war and health, intellectual property, the role of the private sector. We hope, therefore, it will be a more stimulating event. We envisage much clearer outputs. As well as the

Statement there will be a synthesis publication that will give a comprehensive account of health research and the MDGs. On this theme, the overall message will be that the MDGs are all heavily dependent upon health improvements and are not going to be achieved without more health research - a message we hope will have an impact in the next few years on the resource-controllers and priority-setters at global and national levels.

Prof. Chitr Sithi-amorn
Thailand

In the Asian and Pacific region, the Bangkok Conference 2000 was preceded by a preparatory networking process culminating in a meeting in Manila. As a coordinator of this process, I recall that we felt that the expectations raised by the 1990 Commission on Health Research for Development and the ENHR-movement had not been met, but also that the settings had changed very much since then. Globalisation and intense technological advances called for renewed attention to equity, country focus and good governance in research, as well as to the need to avoid an elitist approach in favour of a more popular and problem-oriented one.

In my view the Bangkok Conference in 2000 addressed these concerns. There was general agreement on the need for more knowledge, for country focus, for capacity building, for increased financial resources and better governance. To involve and empower all stakeholders to participate in the development and assessment of national health research systems that respond to national health systems, was seen as a key issue at the country level. Allocation of financial resources should be guided by research priorities and be decentralised. There was a clear need for the development of a code of ethics for research cooperation. The Conference also called upon countries to collaborate at the regional level in the assessment of national health research systems, problem analysis and knowledge production. It also called for a working party to look into the need for better-coordinated action at the global level with countries as equal partners.

In my region I see the creation of the Asian & Pacific Health Research Forum, at a conference in Bali in 2001 (supported by COHRED and WHO), as a positive post-Bangkok development. Although countries are at different stages of development and have varying needs in terms of human resources and support from external sources, there are many commonalities. We believe that the Forum is a good way of bringing different nationals together to share experiences in the development and strengthening of national health research systems, analysing priorities, gaps and redundancies and, not least, to promote political commitment to equity, transparency and sound research management at the country level. A concrete example of an area, which calls for sharing and mutual assistance, is the need for ethical review committees and guidelines for the ethical conduct of international research collaboration. The active work of WHO in developing a strategy for the improvement of health research systems in the SEARO region is another important post-Bangkok development, which means that the key concept of the national health research system and indicators for its assessment at the country level attracted wide attention in the region.

My plea ... is to avoid a narrow focus on development of, and access to, technologies and medicines, and to encourage instead a broad discussion of country-level research, without which the provision of new technology and drugs will not contribute optimally to reaching the MDGs.

Looking at the international level I lack information from the Working Party, which was constituted to look into the coordination of global health research. I am disappointed that COHRED has lost some of its momentum in the promotion and coordinating action of national health research system development with its ideology of country focus and equity. Instead, I have the impression that the Global Forum for Health Research has been more resourceful in drawing attention and funds to global research initiatives. It seems to me that country focus, empowerment of countries, and attention to country voices have lost out in terms of significance on the global scene. The mentioned organisations were once referred to by Prof. A.O. Lucas as 'two legs of the same body' and I wish to submit that you need two legs to walk. In my view much more has to be done to decentralise and conduct research for health development at the level where the overwhelming problems are.

Turning to some of the other major international programmes and agencies, I feel that their involvement in health research is less than optimal. As an action-oriented agency, UNICEF is a very important supporter of child immunisation and integrated management of childhood illnesses at the country level. A recent national survey in Thailand shows injury to be a major problem: many children, including those who have been immunised, as well as adults die of injuries and many children are left as orphans, a problem that is accentuated by AIDS. UNICEF would benefit from country-based research for a continuous assessment of priorities.

There are similar concerns with other major actors. The current thrust to increase the access to antiretroviral drugs by UNAIDS, the WHO 3by5 initiative and the Global Fund to Fight AIDS, TB and Malaria will have limited success unless combined with country-level research on the delivery system, the infrastructure and people's knowledge and ability to use the services.

The Mexico Ministerial Summit and the Global Forum 8 will be devoted to the role of research in attaining the Millennium Development Goals. My plea to the organisers and participants in this important event is to avoid a narrow focus on development of, and access to, technologies and medicines, and to encourage instead a broad discussion of country-level research, without which the provision of new technology and drugs will not contribute optimally to reaching the MDGs.

Prof. Rodolfo J. Stusser
Cuba

To organise the Bangkok Conference 2000 was a huge international effort, with all the possible actors and the practically infinite aspects of a global health research strategy, policy and action plan to increase the solutions to the new and the anachronic health problems of the south. As its main results, one could appreciate an acceptable global governance team, new grand alliances handing out great sums of money to most southern countries for new scientific technology for AIDS, tuberculosis, malaria and other problems, but unfortunately leaving aside the main non-technological research components of those problems and the recognition of the need for more and better primary care and family medicine research and development.

The greatest challenge to the world health research system today is the great need for more intra-sectoral health, primary care and family medicine research.

The example of AIDS, an apparently purely biomedical problem, amply illustrates this point. The AIDS epidemic could have been far better prevented back in the late 1980s in the north and south, when HIV and its action mechanism were already known. The AIDS epidemic could have been better controlled with more behavioural, as well as primary care and family medicine research, rather than investing in basic/industrial, tertiary and secondary care research with a focus on biomedical aetiology, pathogeny, vaccines, HIV-tests and antiretroviral therapy.

The greatest challenge to the world health research system today is the great need for much more intra-sectoral health, primary care and family medicine research, 'balancing' better biomedical with psychosocial health components, and extra-sectoral behavioural and social research of the unhealthy population groups, civil societies, governments, and systems, so as to be able to impact quicker the AIDS epidemic and the anachronic health problems. Urgent basic behavioural problems of how to promote adequate feeding, sanitation, economic self-sufficiency, education and wealth to obtain integral health in a southern country lagging behind are very complex scientific problems. These cannot be scientifically minimised in the 21st century merely by using so-called 'brute force' of massive improvements, the transfer of high-technology, and engineering, because in that way the waste of funds will continue as for the last half century and few results will be obtained.

One example from the beginning of the 20th century is the yellow fever epidemic was eradicated in Cuba from 1901 to 1909. This happened immediately after the confirmation of its etio-pathogeny through the first Cuban-American scientific collaboration, eliminating the Aedes aegypti mosquito, but only as part of a concurrent restoration and modern development of Cuba, a former Spanish colony lagging very far behind, supported by the USA after its devastating war of independence. This was possible before the specific yellow fever virus was isolated in 1921, before the specific antiviral vaccines began to be produced in 1937, and when highly effective antiviral drugs against their different strains did not yet exist. Similarly, in 1923 smallpox was also eradicated after 119 years of vaccination.

The information and communication technologies applied to health research and development since the mid-1990s could be the nervous system that supports the integration of broad health research collaboration in all levels and fields, intranationally and internationally. This serves as part of the possibility to develop countries' own primary care and family medicine research and development arsenal with new e-health research and development tactics.

The Mexico Summit 2004 could suggest we begin in 2005 to promote a more 'balanced' investment between biological and technological-oriented research and the behavioural and socio-health-oriented research to prevent and control the epidemics of AIDS, tuberculosis, and malaria, as well as those of terrorism, violence, addictions, and the illnesses of the social structures of Africa, Asia, and Latin America. This balance can only be achieved with a significantly increased level of support for behavioural, primary care and family medicine research and development and capacity building. I would like the Mexico Summit 2004 to discuss this.

Prof. Charas Suwanwela
Thailand

In my view, the Bangkok Conference 2000 confirmed the visions of the Commission on Health Research for Development 10 years earlier. The Commission's recommendations for countries to undertake essential national health research (ENHR) and for international partnerships in health research had been widely accepted. The Bangkok Conference recognised the need for better implementation of these ideas and the need for coalition building and better coordination in health research at the country, regional and global levels. In the events that led up to the Conference, consultations undertaken in the regions raised awareness and brought recognition of the importance of health research, especially at the country level. Commitment to national health research development was reaffirmed in Bangkok.

A post-Bangkok achievement was the establishment of the Asia-Pacific Health Research Forum in 2001 and the African Health Research Forum in 2002. The regional networking among Asian countries has been broadened to include countries in Central Asia and the Pacific region. The national health research system has become the central issue for discussion and implementation. The World Health Organization, both at headquarters and in regional offices, plays an active and leading role. At the same time one can see an increase in the investment in health research by foundations and public-private cooperation, which aims largely at technological solutions.

In my estimation, regional cooperation has decreased somewhat compared to the previous period when a number of activities were organised in countries such as Laos, Nepal, Philippines, Vietnam, Indonesia and Thailand, under the leadership of the regional 'ENHR focal point' that alternated between countries, and with the support of COHRED. The emphasis on the ENHR strategy and its elements, such as priority setting, was also found to be relevant and useful by resource-poor countries. National workshops, with the participation of neighbouring countries and global experts, also provided opportunities for advocacy, for instance, contacts with ministers and other officials. However, resources from within the countries were not sufficient to maintain the cooperation and international support has declined. Furthermore, the development of 'national health research systems' a concept launched at the Conference, may have been perceived as an unrealistic objective for countries with only a rudimentary research infrastructure. Regional and global cooperation has to be based on respect for countries, their diverse situations and need for locally-owned strategies.

I expect the Mexico Ministerial Summit to entertain a broad definition of health research and agree on collective action that focuses on the need for essential health research in countries and regions which endure overwhelming health problems.

The preparations for the Bangkok Conference 2000 included an attempt to look into what was termed the 'architecture of health research at the global level'. The mechanisms for coordination and cooperation between major international players were considered less than optimal. The Conference action plan called for a 'working party' of representatives from all global constituencies to review options for improved arrangements. To the best of my knowledge the post-Bangkok actions have not resulted in any substantial outcome and I hope that some progress can be reported to the Mexico Ministerial Summit, which will perhaps afford an opportunity to revisit this important issue.

Looking at recent trends in international health research, my impression is that some of the major foundations supporting health research are driven by the notion that all or at least some of the problems can be solved by technological 'breakthroughs'. A shift in this direction is not what we visualised in Bangkok. I expect the Mexico Ministerial Summit to entertain a broad definition of health research and agree on collective action that focuses on the need for essential health research in countries and regions which endure overwhelming health problems. I hope too that the delegates from developing countries will be able to contribute constructively as partners in this global event, the second on health research for development.

Prof. Stephen Tollman
South Africa

A particularly valuable legacy of the Bangkok Conference 2000 was, in my view, the concept of national health research systems. Thinking critically about the development of such systems, their cohesion and effectiveness, is clearly useful at the national level, and the concept remains as timely now as it was in Bangkok a few years ago.

It may be useful to enhance current ideas of how national level science/scientists can 'speak' to those at regional and international levels in a more continuous and sustained way - and, equally, how the international level might respond. I do not think it is that helpful to regard scientific leadership as strictly national or international alone. Rather, and increasingly so, I think we all straddle these levels, albeit with different emphases.

Regarding efforts to establish regional health research fora, these can of course be of great value. But, it seems to me that current efforts struggle to balance convening and interactive processes with the substantive scientific directions that leading researchers are embarked upon. The interplay between enhanced interaction and scientific advance seems fairly weak. The question is how to achieve a more workable engagement, whereby progress is measured both through enhanced regional coherence and more incisive or creative thinking among the scientific leadership. Otherwise, I expect ongoing difficulty in meaningfully involving national and regional scientific leaders.

In Africa, health as well as development systems are failing to deliver health and development. This poses great challenges for health research and the effective deployment of research-linked resources.

The Bangkok Conference may well have induced ferment among different scientific communities - although it is not obvious that they have had much contact with each other. But their coming together in Mexico may well lead to fresh insights. There will perhaps be flashes of brilliance; but as important will be the opportunities for dialogue on how to build coherence among scientific communities in order to make real progress. Mexico comes at a difficult time when, in some settings and particularly in Africa, health as well as development systems are failing to deliver health and development. And that poses great challenges for health research and the effective deployment of research-linked resources.

3. Brief Overview and Summary of Issues Raised

This publication provides a platform for the voices of a wide range of actors in the field of health research for development. By providing an opportunity to share their expectations, concerns and beliefs, the publication seeks to stimulate an open debate on health research, which can best contribute to health, equity and development.

In order to capture the voices of the various stakeholders in health research for development, all plenary speakers at the Bangkok Conference 2000 were invited four years after the event to comment and reflect upon expectations and outcomes of the conference, on post-Bangkok developments, on expectations of the Mexico Ministerial Summit and Forum 8 in 2004, as well as the challenges for the next decade. Contributions were received from 30 of the 57 speakers invited to comment. Although this is a small ad hoc sample of concerned persons, it is nonetheless worth noting that they represent a broad cross section of geographical, professional and cultural backgrounds and interests.

Their expectations of the Conference were generally positive, couched by each commentator in different symbolic terms such as: a positive step, part of a process, an important landmark, a springboard, an important global platform. For some it was a long overdue forum to consider the hopes raised by the Commission on Health Research for Development in 1990, which had still to be met. Did the conference meet those expectations? Did it influence the development of health research at the national, regional and global levels? What are the remaining and the new challenges? The following is an attempt to give a general overview of issues, problems and opportunities expressed in the comments of those who have contributed to this overview.

National health research systems

The need to adopt a systems approach to the thinking and planning of health research at the national, regional and global levels is explicitly acknowledged as an important outcome of the Conference by several commentators and implicitly recognised by others. In particular, the concept of 'national health research systems' remains, as expressed by one commenter, as timely and useful now as it was four years ago in Bangkok.

Narrow research focus versus a broad country-based approach

There are concerns, however, that the involvement of major international programmes and agencies in health research is less than optimal and, furthermore, often focused on single issues and technological breakthroughs. Several commentators underline the need for a much sharper focus on social, behavioural health systems and policy-oriented research at the country level. They also point out that current major health development programmes, be they in AIDS, tuberculosis, malaria or child and maternal health, have not paid sufficient attention to country-based research and research capacity, without which they cannot be effective.

Capacity strengthening

The need for a broad and more effective approach to capacity building in all aspects of health research is emphasised by a number of commentators. Countries should have the capacity to monitor their health situation, predict future health concerns that need to be addressed through research, and should develop their own strategies for assembling a research workforce. Institutional capacity building, creating career opportunities, and instilling a research culture are seen as important challenges at the national level. The brain drain issue is also discussed, and a suggestion made to create some kind of payback mechanism from developed to developing countries.

Financial resources

Funding to support essential health research remains a cause for concern. Commentators cite the focus of investors on global initiatives and global health research (as opposed to local needs), the difficulty for donor governments to make the necessary long-term investments, but also southern governments' obligation to allocate resources for health research.

Partnerships and networking

Partnership building, collaboration and networking in south-south as well as south-north initiatives, are seen as useful and necessary for the further strengthening of national health research. Such

partnerships, if built on mutual respect, can nurture and strengthen national research capacity. Since a network of weak partners may well result in a weak network, strong institutions should be encouraged to engage in partnerships. Regional health research fora have been developing since the Conference, and the regional WHO offices have become increasingly active in health research for development. These are quoted as examples of attempts to build on networking and partnerships to upgrade research. Several remarks are made about global level cooperation and coordination (sometimes referred to as 'global governance'), which is still fragmented. New initiatives (i.e. disease-oriented and public-private partnerships), while promising in terms of research outputs, also run the risk of further fragmenting the research system, rather than resulting in synergy.

An unfinished agenda

The respondents feel there is still an unfinished agenda from the Bangkok Conference, which has yet to be addressed and realised. The expectations of the Mexico events are numerous. The focus is on many of the issues summarised above: capacity building for country-level research, networking, partnership creation, new funding priorities and less fragmentation. It will be important to build on the Bangkok Conference in developing an action plan to move ahead with the outcomes of the Mexico meetings. A major plea of most commentators is to ensure concrete 'deliverables' (not another empty declaration), with a well-defined sharing of responsibilities for follow-up action among the various stakeholders and partners. It will be up to the organisers and the participants in the Mexico events to assume this responsibility and ensure effective mechanisms to carry forward the many ideas and initiatives, which the meetings will certainly generate.

Lennart Freij and Sylvia de Haan
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4. Postscript

The Bangkok Conference 2000 was for many an eye-opener and a stimulus to forge ahead with an ever greater impact of health research on health inequities both within and between countries. COHRED commissioned this review of achievements and unmet expectations post-Bangkok as an aid to discussions in the 2004 Mexico Ministerial Summit and the Global Forum 8. It is intended to link 'Mexico 2004' to the global drive to 'make health research work for everyone' that was initiated by the Commission on Health Research for Development as far back as 1987. It is clear that the long-term nature of development requires long-term commitments of all those involved. Although this publication focuses on the last four years of the global efforts of research for development, many of the contributors refer to developments in a longer term perspective. They highlight both successes and unfinished agendas that should simply not be ignored: they must still be addressed - in Mexico and beyond.

This postscript draws on the interviews and the written comments presented in the previous section, but also on the regional consultations that preceded both the Bangkok Conference and the Mexico Summit. This section constitutes therefore a COHRED perspective. It seeks to encourage a wider discussion in Mexico in the belief that addressing just a few key 'deliverables' is unlikely to have major impact on health for most, let alone on health for all, and that the need for a comprehensive interpretation of health research is as acute as it ever was.

The focus on the Millennium Development Goals (MDGs) as the current decade's rallying point for development action underlies the Mexico Summit and Global Forum 8. Clearly, the MDGs are just that: a rallying point to generate temporary and focused interest and to mobilise resources. Even if they can be met, which is most unlikely for the poorest parts of the world, they address no more than a limited set of development issues In addition, they reflect in many ways a 'northern' look at 'southern' problems, and propose global solutions without sufficiently acknowledging the diversity of nations and national health, and of development priorities. Will the Mexico 2004 events be able to ease the tension between global and national needs and solutions? Will they be able to make suggestions for 'southern' analysis of 'southern' problems, or will the 'Summit deliverables' be a repetition of northern solutions to our development problems? Is there a place for a 'southern alliance' to provide a platform for a much stronger voice for health research in the south and its potential contributions to poverty reduction and development? Can Mexico reintroduce 'social justice' into the world of economics, development, intellectual property rights, health systems and globalisation?

Where do 'national health research systems' fit into global initiatives with budgets many times greater than those of the countries they operate in? How can these funding opportunities be restructured to achieve a better balance between programme deliverables and sustainable research capacity? How can research systems be strengthened to live up to the belief that 'good research takes place in good research systems'? How can the under-staffed and under-funded research systems in the south best position themselves to embrace and make rapid and effective use of innovative methods, techniques and approaches for better health? And, on the other hand, how can we revive 'old knowledge', such as shortening the time from invention to implementation, from 'research to action' by including all stakeholders, not just researchers and decision-makers? And, how can we motivate low and lower-middle income countries to invest more substantially in health research?

The Bangkok Conference 2000 was a milestone for the many people who were active supporters in the exciting times of growth in 'health research for development'. Many around the world have been involved in implementation activities that rang from supporting the Commission, to helping to instil the lessons of essential national health research into national research policies, acts of governments, and institutional functioning, and in implementing health research that makes a difference. Many in the 'Mexico 2004 events' will have been in Bangkok as well. But where is the 'next generation' of health researchers and decision-makers? Can Mexico help to widen the horizons of those growing up with 'patenting before publishing', with 'spin-off companies', with 'intellectual property rights', and can such new developments be made to work for health? Can the 'Mexico 2004 events' start handing over the health research for development baton to a new generation of researchers, policy makers, civil organisations, private and public companies, mainstream research councils and sponsors, and to others intimately involved in generating, applying, and managing new knowledge that will reduce poverty and inequity in health?

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Annex 1

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Annex 2

Bangkok Declaration on Health Research for Development

The International Conference on Health research for development brought together more than 800 participants representing a wide range of stakeholders in health research from developing and developed countries. Conference participants from over one hundred countries welcomed the interactive and participatory nature of the discussions.

Having reviewed the reports from the various regional and country consultations, and taking into account both the in-depth analysis of progress in health research over the past decade and the discussions before and during the meeting, We the participants make the following Declaration.

The Conference reaffirms that health is a basic human right. Health research is essential for improvements not only in health but also in social and economic development. Rapid globalisation, new understanding of human biology, and the information technology revolution pose new challenges and opportunities. Social and health disparities, both within and between countries, are growing. Given these global trends, a focus on social and gender equity should be central to health research. In addition, health research, including the institutional arrangements, should be based on common underlying values. There should be:

- A clear and strong ethical basis governing the design, conduct and use of research;
- The inclusion of a gender perspective;
- A commitment that knowledge derived from publicly funded research should be available and accessible to all;
- An understanding that research is an investment in human development; and
- A recognition that research should be inclusive, involving all stakeholders including civil society in partnerships at local, national, regional, and global levels.

An effective health research system requires:

- Coherent and coordinated health research strategies and actions that are based on mutually beneficial partnerships between and within countries;
- An effective governance system; and
- A revitalised effort from all involved in health research to generate new knowledge related to the problems of the world's disadvantaged, and to increase the use of high quality, relevant evidence in decision-making.

It is the responsibility of active civil societies through their governments and other channels to set the direction for the health research system, nurture and support health research, and ensure that the outcomes of research are used to benefit all their peoples and the global community.

We the participants commit ourselves to ensuring that health research improves the health and quality of life of all peoples.

The work carried out in preparation for, and during, the Conference should continue, through a process that will allow all stakeholders to contribute to debate and decisions on the key issues for the future of health research for development.

Annex 3

Bangkok Action Plan

Recognising that:

- The 1990 recommendations for strengthening health research for development made by the Commission on Health Research for Development have not been fully realised;
- The social, economic and political environment, as well as the organisational and institutional arrangements have changed over the last decade; and
- There is an opportunity to revitalise health research for development through concerted action;

The International Conference for Health Research for Development adopted the following framework for a Plan of Action in the context and spirit of the Bangkok Declaration.

Knowledge production, use and management

There was broad agreement that, in order to promote health equity, the health research for development system needs production of knowledge, of better quality, which is managed efficiently, and applied effectively to guide evidence-based policy and practice.

The specific actions proposed at each level include the following:

At national level:

- Systematic assessment of the quality of research output and processes.
- Wide dissemination of knowledge and its management based on the latest innovations in Information and Communication Technology.
- Dialogue for involving all stakeholders and communities in the knowledge cycle (production, use & management).
- Build capacity to raise ICT awareness, use of technology (e.g. search strategies), critical appraisal skills and technical support.
- Disseminate & apply research synthesis results to improve health care practice.
- Strategies for communication of knowledge at different levels to various stakeholders.
- Increase support for national burden of disease (NBD) studies.
- Develop national research policy and program for occupational health, including research priorities.
- Promote multi- and inter-disciplinary health research.

At regional level:

- Identify gaps in knowledge.
- Establish regional clearing house/database on human and institutional resources, projects, funds, and best practices.
- Establish networks for data exchange.
- Develop sustainable regional organisations to promote and support health research.
- Promote and enhance existing regional mechanisms e.g. WHO Collaborating Centers.
- Promote south-north and south-south collaborations in the following priority areas (non exhaustive): road traffic accidents, traditional medicine, malaria, tuberculosis.
- Promote publication of regional health research journals.

At global level:

- Promote the role of universities in health research.
- Foster long-term public private partnerships to invest in health research.
- Facilitate and support a global research initiative that encompasses the entire spectrum of sexual violence.
- Advocate for research on child health during the World Summit on Children. Prepare by reviewing and synthesising research on child health in the past 10 years, identify gaps and develop child health research priorities.

Capacity Development

Capacity development and retention is crucial in ensuring production of research of quality and excellence, efficient and effective management of research and its use; as well as better formulation of needs and demands through the participation of the intended beneficiaries.

The proposed action for each level include the following:

At national level:

- Research management and leadership training plans and programmes should be established. Funds should be designated for research capacity development in its broadest sense.
- Viable research careers should be developed where they do not exist.
- Capacity development efforts should include all stakeholders - communities, health care providers, researchers and institutions - but should primarily focus on institutional development.

At regional level:

- Existing models of regional collaboration should be studied in order to develop models of collaboration for research capacity-building specific to the region.
- Supranational organisations should advocate for political commitment to regional collaboration.
- Centers of excellence for regional capacity-building (universities, research institutes, etc.) should be identified and mapped.

At global level:

- Funding agencies should give priority to capacity development in support of national and regional activities.
- Capacity development should form an integral part of funding for research projects.
- Guidelines and practical tools are needed in support of management and leadership of research.
- Access to databases and literature is key in capacity development, particularly access by researchers/ institutions to outside information. An international task force is needed to explore ways to facilitate such access.

The targets identified for capacity development are involving all the players - researchers, and research managers, as well as policy-makers, health care practitioners and members and institutions of civil society.

Furthermore, through a range of strategic partnerships, a specific set of actions must be directed at retaining research capacity in the south.

Governance

In order to have well-aligned global structures for effective health research for development, we need a universal code of good practice, which can govern all practice, not just country specific efforts. Such codes should not only cover traditional bioethics of the research itself, but should also extend to the ethics of partnerships and of practice. A mechanism for monitoring and reviewing should guide all endeavours, along with some efforts in the international arena to advocate for more research flowing to those who deserve and need it.

At country level:

- All countries should take stock of the current state of their national health research system.
- Countries should move rapidly and purposefully to optimally configure, and then to strengthen, their health research governance structures.
- This should be undertaken with due consideration for the inclusive involvement of all stakeholders in health research; an inter-institutional National Health Research Forum (including representatives of civil society) could be an appropriate mechanism.

At regional level:

- A mapping of regional health research and capacity building initiatives is required.
- Efforts to develop an appropriate governance structure are increasingly called for.
- Autonomous regional Health Research Forums could be established, with a secretariat and board as appropriate. They should work in close association with WHO and other major development partners.
- The strengthening of regional structures and mechanisms should originate in countries' needs for cooperation.

At global level:

- A governance structure - one that should ensure a wide representation of actors from all levels, also including the private sector - is needed to promote a spirit of complementarity and partnership between various actors and stakeholders in health research for development.
- A proposed step to achieve this is the formation of a Working Party with representation from WHO, international initiatives such as COHRED and the Global Forum for Health Research, regional

networks, national and international research institutions, the private sector and donors. It should be hosted by WHO but be independent of existing organisations and institutions.

- The mandate of this Working Party would be to address concrete global partnership and complementarity issues and to work out a proposal for a governance structure of the global health research system. Stewardship functions, initiated by the working party, could include ethical issues such as developing norms for ethical review committees in developing countries, the protection of intellectual property rights of researchers in developing countries, and the development of a code of conduct for N-S health research cooperation.
- The secretariat function for the Working Party would be organised by the sponsors of the IC2000. Its initial task would be to convene the first Working Party meeting to be held within the next few months.
- The proposed governance structure should be discussed at the next Global Health Research Conference, which would agree on a more permanent governance structure.

Financing

Adequate financial support from both international donors and development agencies, and national coffers, is needed. Proposed proportions to be allocated for health research for development are 2% of national health sector budgets and 5% of all donor health sector development budgets, as recommended by the Commission in 1990.

At national level:

- Establish a Central Planning Unit as an inclusive process (NGOs, international donors, governments) to attract, coordinate, distribute and monitor funds ensuring that their allocation is aligned with national priorities.
- Negotiate to change donor behaviour (national and international) towards facilitating longer term funding investments in institutions as well as projects.

At regional level:

- Urge existing regional organisations, including organisations not focused on health, such as OPEC, to allot a percentage of their budgets to create a fund for health research.
- Allocation of funds should be based on regional priorities drawn from country priorities and determined by burden of disease, social and economical determinants, gender balance and social equity.
- Establish an electronic database for knowledge management to identify resource needs, track results and impact, and to leverage resources.

At global level:

- Explore the possibility to generate funds for health research through investing a percentage of international debt interest payments, or introducing a tax (1USD) on international travel.
- Urge international agencies to dedicate a percentage of their health sector allocations to support health research institutions in the south.
- Create endowments at international and institutional levels through strategic fund raising and stimulating private-public partnerships.
- Develop tools for the monitoring, use and impact of allocations at the global level to advocate for a change.

To build the coalition for health research for development and to facilitate progress with action, the conference proposed the following priority actions:

At the national level:

- The creation of mechanisms for inclusive involvement of all stakeholders in health research, such as national forums for health research.

At the regional level:

- The creation of regional health research forums to serve as platforms for cooperation and collective research for development.

At global level:

- The creation of a working party hosted by WHO, and managed under the auspices of the International Organizing Committee for the Conference (comprising the World Bank, COHRED, WHO and the Global Forum).

  The remit of this working party would be to review options for global governance and institutional arrangements through a management structure which will:

  - Reflect the spirit of the Conference;
  - Be representative of all global constituencies;

- Be independent; and
- Report to a global assembly.

- Regular convening of an international conference on health research for development ('more often than once a decade'). A specific proposal was that:
  - A meeting be held every two to three years;
  - Process and content of research be integrated;
  - There be wide representation; and
  - Other opportunities for complementary meetings be considered, such as through both face-to-face and other forms of communication.

  This could provide an opportunity for assessing progress.

- Creation of a communication and feedback mechanism for the post-conference period. This will include a dedicated site on the Conference website for comments on, and contributions to, the Action Plan.